

MANCHESTER SCAR PROFORMA

Date		Hospital Name:	
		Hospital ID:	
Age		D.O.B.:	
		Sex:	M / F

Race – ethnic background

Father		Mother	
Maternal Grandfather		Maternal Grandmother	
Paternal Grandfather		Paternal Grandmother	

Key

White -	W
Asian Bangladeshi -	AB
Asian Indian -	AI
Asian Pakistani	AP
Black African -	BA
Black Caribbean -	BC
Black Other	BO
Chinese	C
Other	O
If other please specify	

History of Scars

Single ☐ Multiple ☐ State numbers.....

Site: Sternum ☐ Right ear lobe ☐ Left earlobe ☐

Other anatomical site.....

Cause	Onset	Symptoms	Treatment/s	Date/s

Cause and Symptom Guide	
Causes of scarring	Symptoms of scars
Post trauma (laceration) Post burn Piercing Post surgery Chicken pox Acne Vaccination Others, specify Recurrence	Pruritus Pain Tenderness Parasthesiae Functional Psychological Others specify

*Please state overleaf details of any other scars using the above table and guide.

TREATMENT MODALITIES	RESPONSE TO TREATMENT (Rx)		
	BETTER	WORSE/RECURRENCE	DATE, LENGTH & COURSE OF Rx
Steroid injection			
Excision			
Radiotherapy			
Silicone sheet therapy			
Silicone or acrylic cast therapy			
Other			

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PHYSICAL EXAMINATION of SCARS

	A	Colour (cf. to surrounding skin)	
Lighter	<input type="checkbox"/>	Perfect	1
Or		Slight mismatch	2
Darker	<input type="checkbox"/>	Obvious mismatch	3
		Gross mismatch	4
	B	Matte (1) / shiny (2)	
	C	Contour	
		Flush with surrounding skin	1
		Slightly proud / indented	2
		Hypertrophic	3
		Keloid	4
	D	Texture	
		Normal	1
		Just palpable	2
		Firm	3
		Hard	4
	E	Margins	
		Distinct	1
		Indistinct	2
	F	Size	
		< 1cm	1
		1cm-5cm	2
		>5cm	3
	G	Number	
		Single	1
		Multiple	2

Please fill in the scores in the table below by referring to the above scar assessment guide:

	Scar Site	A	B	C	D	E	F	G	H
Scar 1									
Scar 2									
Scar 3									
Scar 4									
Scar 5									
Scar 6									

*Make sure a colour photograph is taken at each review.

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OTHER IMPORTANT SCARS TO NOTE:

	IF ABNORMAL; FILL IN ABOVE TABLE
Previous BCG vaccination scar	
Appendicectomy scar	
Ear Piercing	

PMH

IF YES, GIVE DETAILS: LENGTH AND COURSE OF Rx

Connective Tissue Diseases: Yes ☐ No ☐ SLE ☐ Systemic Sclerosis ☐
Lung Fibrotic Disease Yes ☐ No ☐
Dupuytren's disease Yes ☐ No ☐
Thyroid Disease Yes ☐ No ☐ Hyper ☐ Hypo ☐
Diabetes Yes ☐ No ☐
Uterine fibroid Yes ☐ No ☐
Peptic ulcer disease Yes ☐ No ☐
Hypertension Yes ☐ No ☐

Psychological factors

Social factors

Drug History:

Any allergies:

Smoker

Yes ☐ No ☐

If yes, for how long:

If ex-smoker how many and for how long:

FAMILY HISTORY OF ABNORMAL SKIN SCARRING –

If yes then please draw a **FAMILY TREE** (indicating age, sex & area of scarring of all family members):